

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-2011, 23 February 2011

Question: E11-164

OUTCOME 5: Primary Care

Topic: DIABETES

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) Why was the health reform Diabetes plan dropped?
- b) This was a key plank health 'reform' – another plank discarded?
- c) Were there any consultation about the Government's initial \$436 million diabetes plan and if so with which groups/stakeholders? (So just drawn up out of the blue – another Rudd/Roxon thought bubble?)
- d) Given the importance of combating diabetes – what plan does the government have now – does it have any plan?

Answer:

a and b)

The decision to commence an early pilot of the Coordinated Care for Diabetes measure was in response to stakeholder consultation and the benefits offered by the opportunity to road-test the initiative to make sure it achieves the best outcomes for people with diabetes.

- c) The Coordinated Care for Diabetes measure responded to the directions set out in the National Primary Health Care Strategy, and the work of the National Health and Hospitals Reform Commission, both of which included extensive public consultation processes and expert input from a wide range of health professionals.

On 16 July 2010, the Minister for Health and Ageing announced the establishment of the Diabetes Advisory Group. The Diabetes Advisory Group is playing an important role in providing advice to the Department, and through the Department to the Minister, regarding the design, implementation and evaluation of the Coordinated Care for Diabetes pilot. The Group includes representatives from general practice, nursing, allied health, and diabetes and health consumer organisations.

- d) The Government currently provides significant direct support to people for management of their diabetes through the subsidy of essential medicines under the Pharmaceutical Benefits Scheme and diabetes products, such as blood glucose test strips, syringes and needles, through the National Diabetes Services Scheme (NDSS). The NDSS will have over one million people in 2009-10 at a cost of around \$140 million per annum.

The Government supports the development, implementation and dissemination of evidence based, and National Health and Medical Research Council approved, clinical practice guidelines for type 1 and type 2 diabetes. The publication of these guidelines assists health professionals to improve overall health outcomes through better diagnosis, control and management of chronic disease in Australia.

Funding of \$1,242,348 (GST exclusive) over three years (2009-12) is being provided to the Baker IDI Heart and Diabetes Institute for the review of four type 2 diabetes guidelines including the Secondary Prevention of Vascular Disease in Type 2 Diabetes and the Prevention, Identification and Management of Diabetic Foot Complications.

In addition, funding of \$370,711 (GST exclusive) is being provided to the Australian Diabetes Society and the Australasian Paediatric Endocrine Group for the review and update of Clinical Practice Guidelines: Type 1 Diabetes in Children and Adolescents (2005) and to extend the guidelines to address the needs of adults, and the transition period from adolescence to adulthood.

Australian Government funding has been used for a number of key measures with a focus on diabetes research and development, including provision of:

- approximately \$1.73 million over three years (2011-2013) to the Australian Institute of Health and Welfare (AIHW) for the development and management of the National Centre for Monitoring Diabetes;
- approximately \$1.47 million over three years (2008-2011) to the AIHW for the development and management of the National Diabetes Register;
- approximately \$30 million in funding (since 2005-06) to the Juvenile Diabetes Research Foundation to support research into islet transplantation as a treatment and potential cure for type 1 diabetes (this project will cease in October 2011); and
- funding of approximately \$190,000 over two years (2011 and 2012) to the Sydney South West Area Health Service for the conduct of the Australian National Diabetes Information Audit and Benchmarking Project, which aims to collect, collate, analyse, audit and report clinical and patient education data in specialist diabetes centres across Australia.

The type 2 diabetes risk evaluation was introduced to the Medicare Benefits Schedule on 1 July 2008 to support medical practitioners to address the health needs of patients 40 to 49 years of age who are at high risk of developing type 2 diabetes.